APPLICATION FOR ORGANIZATION PLATE

North Dakota Department of Transportation, Motor Vehicle Division SFN 54397 (Rev. 10-2005)

Please	Print	or Type	е
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Name of Organization						
Address	City State Zip C		Zip Code	ip Code		
Name of Applicant	Daytime Teleph		Daytime Telephor	ione Number		
Mailing Address		<u> </u>				
Mailing Address						
City	State	Zip Code	County			
Vehicle Information:	'					
Title Number						
Current License Number						
Vehicle Identification Number						
Year & Make Of Vehicle						
Personalized/Special Letter Plate						
Requested - Maximum 5 letters & numerals. See website for availability.		Organization Plate Fee		\$	25.00	
		Renewal License Fee (if applicable)			\$	
	Personaliz	Personalized/Special Letter Plate Fee (if applicable) \$25.00			\$	
		TOTAL	FEES DUE		\$	
NDCC Chapters 39-04 and 39-05						
Applicant certifies this vehicle will be insured as required by law.						
The applicant, under the penalties of law and as rightful owner of the described on this application, declares that the information set forth application is correct.						
		Signa	ature of Applicant		Da	ate
PENALTY: Any person making any false statement on this application specifically provided is guilty of a class A misdemeanor.	on for license c	or title for which another	penalty is not			
Mail to:				ome a p		

Motor Vehicle Division ND Department of Transportation 608 East Boulevard Avenue Bismarck, ND 58505-0780

Telephone (701) 328-2725 FAX (701) 328-1487 Website: www.nd.gov/dot

Fees may be paid by credit card. We accept Visa, Mastercard, or Discover credit cards. Please complete the following information.				
Type of Card	Expiration Date			
Card Number				